

SERIAL NO.

FILE NO.

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

09/341048

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23	1					
24						
25						
26						
27						
28						
29						
30	1					
31						
32						
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45	1					
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53						
54						
55						
56						
57						
58						
59		2				
60	1					
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						